## REPORT CONTROL SYMBOL DEPARTMENT OF DEFENSE PROGRAM MANAGER/ DD-P&R(Q&A)1841 **DEPUTY PROGRAM MANAGER - WAIVER REQUEST** COMPONENT/ORGANIZATION 1. TO (Component Acquisition Executive (CAE)) 2. VIA (Director, Acquisition Career Management (DACM)) 3. COPY TO (USD(A)AET&CD) 4. FROM (Organization and Address) **IDENTIFICATION AND PERSONAL DATA** 5. NAME (Last, First, Middle Initial) 6. GRADE/RANK 7. SSN 8. ACQUISITION CAREER FIELD 9. OCCUPATIONAL SERIES/SPECIALTY 10. CURRENT POSITION TITLE 11. POSITION NUMBER 12. ACQUISITION PROGRAM 13. POSITION (X one) MAJOR DEFENSE ACQUISITION PROGRAM (ACAT I) SIGNIFICANT NON-MAJOR DEFENSE ACQUISITION PROGRAM 14. MILESTONE STATUS/DATE (YYYYMM) 15. APPOINTMENT TO (X one) PROGRAM MANAGER **DEPUTY PROGRAM MANAGER** WAIVER REQUEST 16. FOR MAJOR DEFENSE ACQUISITION PROGRAM (ACAT I) (X one or more) NON PROGRAM MANAGEMENT COURSE ABSENCE OF TWO YEARS' EXPERIENCE IN A ABSENCE OF EIGHT YEARS' GRADUATE SYSTEMS PROGRAM OFFICE OR EQUIVALENT ACQUISITION EXPERIENCE 18. ABSENCE OF ACQUISITION CORPS 17. FOR SIGNIFICANT NON-MAJOR DEFENSE ACQUISITION PROGRAM (X one or more) MEMBERSHIP (X if applicable) NON PROGRAM MANAGEMENT COURSE ABSENCE OF SIX YEARS' ACQUISITION EXPERIENCE GRADUATE 19. REQUEST BASED ON DETERMINATION THAT INDIVIDUAL POSSESSES THE FOLLOWING QUALIFICATIONS THAT OBVIATE THE NEED FOR MEETING THE EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS (Written narrative - use other side if needed) 20. REQUESTING OFFICIAL a. TYPED NAME b. GRADE c. ORGANIZATION d. SIGNATURE e. DATE (YYYYMMDD) 21. APPROVING OFFICIAL (Acquisition Executive/DACM) a. TYPED NAME b. SIGNATURE c. DATE (YYYYMMDD)